

SERFF Tracking Number: HART-125613106 State: Arkansas
 First Filing Company: Property and Casualty Insurance Company of Hartford, ... State Tracking Number: EFT \$20
 Company Tracking Number: FF.20.100.2008.01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: WC Form Filing - Reference Filing of Forms for new companies
 Project Name/Number: WC Forms Filing/FF.20.100.2008.01

Filing at a Glance

Companies: Property and Casualty Insurance Company of Hartford, Trumbull Insurance Company
 Product Name: WC Form Filing - "Reference Filing" of Forms for new companies SERFF Tr Num: HART-125613106 State: Arkansas
 TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$20
 Sub-TOI: 16.0004 Standard WC Co Tr Num: FF.20.100.2008.01 State Status: Fees verified and received
 Filing Type: Form Co Status: Initial Filing Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
 Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Sima Nizami, Angela Isaac Disposition Date: 04/17/2008
 Date Submitted: 04/17/2008 Disposition Status: Approved
 Effective Date Requested (New): 06/01/2008 Effective Date (New): 06/01/2008
 Effective Date Requested (Renewal): 06/01/2008 Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: WC Forms Filing Status of Filing in Domicile: Not Filed
 Project Number: FF.20.100.2008.01 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 04/17/2008
 State Status Changed: 04/17/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 Reference Filing of Forms for new companies

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Company and Contact

Filing Contact Information

David Logan, Filing Analyst david.logan@thehartford.com
 690 Asylum Avenue (860) 547-3792 [Phone]
 Hartford, CT 06115 (860) 547-5941[FAX]

Filing Company Information

Property and Casualty Insurance Company of Hartford CoCode: 34690 State of Domicile: Indiana
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-1276326

Trumbull Insurance Company CoCode: 27120 State of Domicile: Connecticut
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-1184984

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: As required \$20.00 reference
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Property and Casualty Insurance Company of Hartford	\$20.00	04/17/2008	19641269
Trumbull Insurance Company	\$0.00	04/17/2008	

SERFF Tracking Number:	HART-125613106	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/17/2008	04/17/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	04/17/2008	04/17/2008	David Logan	04/17/2008	04/17/2008

<i>SERFF Tracking Number:</i>	<i>HART-125613106</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Property and Casualty Insurance Company of Hartford, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>FF.20.100.2008.01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC Form Filing - Reference Filing of Forms for new companies</i>		
<i>Project Name/Number:</i>	<i>WC Forms Filing/FF.20.100.2008.01</i>		

Disposition

Disposition Date: 04/17/2008
Effective Date (New): 06/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HART-125613106 State: Arkansas

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Company Tracking Number: FF.20.100.2008.01

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC Form Filing - Reference Filing of Forms for new companies

Project Name/Number: WC Forms Filing/FF.20.100.2008.01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document (revised)	Explanatory Memorandum	Approved	Yes
Supporting Document	Explanatory Memorandum	Withdrawn	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/17/2008
Submitted Date 04/17/2008
Respond By Date
Dear David Logan,

FYI--In the cover letter, you state that NCCI is authorized to file rules and supplementary rating information on these companies' behalf. Arkansas law does not allow an advisory organization to file on a company's behalf. NCCI can make advisory rate/rule/loss cost filings but the company must notify the Insurance Department if they are going to adopt them.

Objection 1

- Explanatory Memorandum (Supporting Document)

Comment: In the body of the Explanatory Memorandum, It states that "Trumbull Insurance Company and Property and Casualty Insurance Company of Hartford have recently been licensed to write Workers' Compensation and Employers' Liability in Alabama." At the top of the page it does show that it for Arkansas. Please amend the memorandum to show Arkansas in both places.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/17/2008
Submitted Date 04/17/2008

Dear Carol Stiffler,

Comments:

Response 1

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Comments: Greetings

Revised Explanatory Memorandum is Attached. With apologies

Dave Logan

Related Objection 1

Applies To:

- Explanatory Memorandum (Supporting Document)

Comment:

In the body of the Explanatory Memorandum, It states that "Trumbull Insurance Company and Property and Casualty Insurance Company of Hartford have recently been licensed to write Workers' Compensation and Employers' Liability in Alabama." At the top of the page it does show that it for Arkansas. Please amend the memorandum to show Arkansas in both places.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Explanatory Memorandum

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Angela Isaac, David Logan, Joyce Driscoll, Marilu Gonzalez, Sima Nizami

<i>SERFF Tracking Number:</i>	<i>HART-125613106</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Property and Casualty Insurance Company of Hartford, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
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<i>Project Name/Number:</i>	<i>WC Forms Filing/FF.20.100.2008.01</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/17/2008
Comments:				
Attachments:				
PCTD1.pdf				
Form Schedule.pdf				
Satisfied -Name:	Cover Letter	Review Status:	Approved	04/17/2008
Comments:				
Attachment:				
AR CoverLetter.pdf				
Satisfied -Name:	Explanatory Memorandum	Review Status:	Approved	04/17/2008
Comments:				
Attachment:				
arMEMOexffhp rvsd.pdf				

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Trumbull Ins. Co.	Connecticut	00914-27120	06-1184984	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	

5. Company Tracking Number	FF.20.100.2008.01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Cheryl Slock	Prod ConsInt			Cheryl.Slock
	Hartford Plaza, Hartford, CT 06115		860-547-3339	860-547-3519	@TheHartford.com
7.	Signature of authorized filer		<i>Cheryl Slock</i>		
8.	Please print name of authorized filer		Cheryl Slock		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16 -Workers' Compensations/Employers' Liability Insurance
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	16.004
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 6/1/08 Renewal: 6/1/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	4/21/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	FF.20.100.2008.01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
<p>Please refer to explanatory memo.</p>	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	FF.20.100.208.01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	All filings Previously approved for Hartford Fire Insurance Company		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



April 21, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
3rd and Cross
Little Rock, AR 72201-1904

Re: **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY – Form Filing**
“Reference Filing” of forms for new companies

SAME FORMS AS PREVIOUSLY FILED AND APPROVED FOR:
Hartford Fire Insurance Company

<u>Our Filing Number: FF.20.100.2008.01</u>	<u>NAIC #</u>
Trumbull Insurance Company	27120
Property and Casualty Insurance Company of Hartford	34690

Dear Commissioner,

Trumbull Insurance Company and Property and Casualty Insurance Company of Hartford have recently been licensed to write Workers' Compensation and Employers' Liability in your state. The National Council on Compensation Insurance (NCCI) has been authorized to file rules and supplementary rating information on behalf of these companies.

The enclosed Explanatory Memorandum outlines the currently approved forms for use by Hartford Fire Insurance Company. We hereby reference file those for use by Trumbull Insurance Company and Property and Casualty Insurance Company of Hartford, with no changes made.

Copies of the currently approved forms are available upon your request.

For the above listed companies, **to be effective June 1, 2008**, we herewith submit for your approval the enclosed materials.

Thank you.

Very truly yours,

Cheryl Slock

Cheryl Slock, Product Consultant
AR&PD- Technical Services HO-2-19
Telephone: (860) 547-3339, FAX No.: (860) 547-3519
E-Mail Address: Cheryl.Slock@thehartford.com

Hartford Plaza HO-2-19
Hartford, CT 06115

EXPLANATORY MEMORANDUM

ARKANSAS

Trumbull Insurance Company
Property and Casualty Insurance Company of Hartford

Workers' Compensation and Employers' Liability Insurance - Forms

Trumbull Insurance Company and Property and Casualty Insurance Company of Hartford have recently been licensed to write Workers' Compensation and Employers' Liability in Arkansas. The National Council on Compensation Insurance has been authorized to file forms on these companies' behalf.

The following forms were previously filed and approved for use by Hartford Fire Insurance Company, et. al. We hereby reference file these forms for use by Trumbull Insurance Company and Property and Casualty Insurance Company of Hartford.

G-1760-12	WC 99 00 13 A	WC 99 02 99	WC 99 03 68
G-2240-2DT	WC 99 00 14	WC 99 03 04 B	WC 99 03 72
G-2240-3B	WC 99 00 15	WC 99 03 05 B	WC 99 04 62
WC 00 00 01 A	WC 99 00 17	WC 99 03 23	WC 99 04 63
WC 99 00 01 F	WC 99 00 20	WC 99 03 51	WC 99 04 70
WC 99 00 01 B	WC 99 00 37 B	WC 99 03 52 A	WC 99 04 71
(Front)	WC 99 00 39 C	WC 99 03 53	WC 99 04 72
WC 99 00 01 F	WC 99 00 40 D	WC 99 03 54	WC 99 06 02 E
(Signature/Copyright)	WC 99 00 41 C	WC 99 03 56 A	WC 99 06 03 E
G-3185-0	WC 99 00 42	WC 99 03 58 B	
WC 99 00 05	WC 99 00 43 A	WC 99 03 65	
WC 99 00 06 A	WC 99 00 94 A	WC 99 03 66	
WC 99 00 09 A	WC 99 02 77	WC 99 03 67	

The rating plans and loss cost multipliers will be filed for these companies separately.

Jean Tenan, Product Consultant
Applied Research and Product Development – Technical Services